PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISDE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

D (CEDY/CETO) (C. EL.	0 1 111	0 .	Lul at voor		,		 	
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifical	form should be used correspondence including the below or directed of the below of	for transming the Pat herwise in	nitting the ISSI tent, advance of Block 1, by (a	JE FEE and PUBLICAT rders and notification of a specifying a new corre	ION FEE (if requipment fees value of the second fees value of the second fees value of the second fees of th	ired). B will be r ; and/or	clocks 1 through 5 s nailed to the current (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPOND	change of address)	Fee	(s) Transmittal, Th	is certifi	cate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must		
23535	7590 04/15	5/2010		nav				
MFDI FN & C	CARROLL, LLP			I he	Cer	tificate	of Mailing or Trans	smission
101 HOWARD SUITE 350	•	Star add tran	tes Postal Service versed to the Mai smitted to the USP	vith suff I Stop I TO (571	icient postage for fir (SSUE FEE address) 273-2885, on the c	g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.		
SAN FRANCIS	CO, CA 94105			TRACE	E.		(Depositor's name)	
				4	Ser L			(Signature)
					20		(Date)	
APPLICATION NO.	FILING DATE	<u></u>	FIRST NAMED INVEN				NEY DOCKET NO.	CONFIRMATION NO.
10/602,077 06/23/2003 Stephen Suffin CNSR-09275 1225 TITLE OF INVENTION: METHOD FOR CLASSIFYING AND TREATING PHYSIOLOGIC BRAIN IMBALANCES USING QUANTITATIVE EGG								
TITLE OF INVENTION	: METHOD FOR CLAS	SIFYING	AND TREATI	NG PHYSIOLOGIC BRA	AIN IMBALANCES	S USINO	3 QUANTITATIVE	EGG
APPLN. TYPE	SMALL ENTITY	ISSUI	E FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES		\$755	\$300	\$0		\$1055	07/15/2010
EXAMINER			T UNIT	CLASS-SUBCLASS				
JONES, DAMERON LEVEST 1618				424-009200	-009200			
1. Change of corresponde CFR 1.363).			•	 For printing on the p the names of up to 	3 registered paten		eys 1 MEDLEA	J + CARROLL LL
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively, (2) the name of a single firm (having as a member a 2				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
				THE PATENT (print or type	,			
recordation as set fort	h in 37 CFR 3.11. Comp	ified below eletion of t	w, no assignee his form is NO	Γ a substitute for filing an	assignment.			ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
CNS RES	•		Aliso Viejo, CALIFORNIA					
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🚨 Government								
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
☐ A check is enclosed. ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.								
Advance Order - #	of Copies 8	The Director is hereby overpayment, to Depo	authorized to char	ge the re	equired fee(s), any de	ficiency, or credit any n extra copy of this form).		
	tus (from status indicated		CED 1.25			Y ENTER	(7)	SD 1.05(.)(2)
NOTE: The Issue Fee and	s SMALL ENTITY statu d Publication Fee (if requ	ired) will	not be accepted	b. Applicant is no long				e assignee or other party in
interest as shown by the r				Office.				
Authorized Signature	Thust	fri,	1/h		Date MA			
	THOMAS C		•		Registration N	•	_	
This collection of informan application. Confident submitting the completed this form and/or suggesties 1450, Alexandria, VAlexandria, Viginia 223	irginia 22313-1450. DO	FR 1.311. U.S.C. 12 USPTO. den, shoul NOT SE	The information 2 and 37 CFR 2 and 37 CFR 2 Time will vary 1 d be sent to the ND FEES OR C	n is required to obtain or r 1.14. This collection is est depending upon the indiv chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 n idual case. Any co or, U.S. Patent and O THIS ADDRESS	ne public ninutes (mments Tradema . SEND	which is to file (and to complete, includin on the amount of tir ark Office, U.S. Depa TO: Commissioner	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.